

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000024247

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** GOLDEN THERAPY CENTER, INC.

**Current Principal Place of Business:**

3750 WEST 16TH AVE.  
SUITE 226 U  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

3750 WEST 16TH AVE.  
SUITE 226 U  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 84-1637124

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARTINEZ, HEIDY  
3750 W 16 AVE STE 226-U  
HIALEAH, FL 33012 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MARTINEZ, HEIDY  
Address: 3750 W 16 AVE STE# 226- U  
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HEIDY MARTINEZ

P

04/25/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date